

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

Under section 501(c) 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)
 ▶ Spawning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlled organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this form to satisfy state reporting requirements.

OMB No. 1545-1150

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning **2011**, and ending **20**

B Check if applicable:
☐ Address change
☐ Name change
☒ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Progressive Vote NE of America NE
 Number and street or P.O. box, if mail is not delivered to street address
PO Box 150064
 City or town, state or country, and ZIP + 4
Grand Rapids, MI 49515-0064

D Employer identification number
26-3201065

E Telephone number
616-916-8780

F Group Exemption Number
—

G Accounting Method
☒ Cash ☐ Accrual ☐ Other (specify) **—**

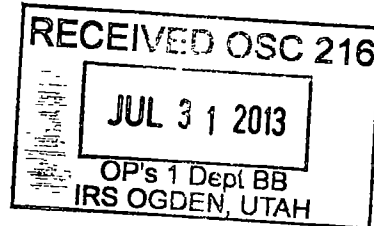
H Check ☒ if the organization is not required to attach Schedule B (Form 990 990-EZ or 990-PF)

I Website **N/A**

J Tax-exempt status (check only one): ☐ 501(c)(3) ☐ 501(c)() ☐ 4947(a)(1) or ☒ 527

K Check ☐ if the organization is not a section 501(c)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 1b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 119,450**



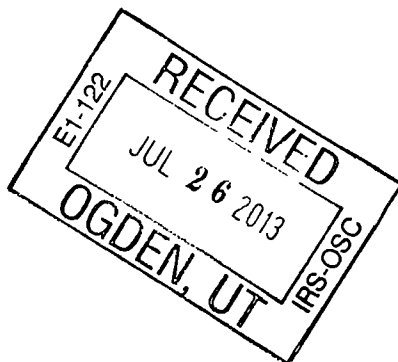
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☐

1 Contributions, gifts, grants, and similar amounts received	1 119,450
2 Program service revenue including government fees and contracts	2 0
3 Membership dues and assessments	3 0
4 Investment income	4 0
5a Gross amount from sale of assets other than inventory	5a 0
5b Less: cost or other basis and sales expenses	5b 0
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 0
c Less: direct expenses from gaming and fundraising events	6c 0
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0
7a Gross sales of inventory less returns and allowances	7a 0
b Less: cost of goods sold	7b 0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
8 Other revenue (describe in Schedule O)	8 0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 119,450
10 Grants and similar amounts paid (list in Schedule O)	10 116,003
11 Benefits paid to or for members	11 0
12 Salaries, other compensation, and employee benefits	12 0
13 Professional fees and other payments to independent contractors	13 0
14 Occupancy, rent, utilities, and maintenance	14 0
15 Printing, publications, postage, and shipping	15 0
16 Other expenses (describe in Schedule O)	16 0
17 Total expenses. Add lines 10 through 16	17 116,003
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 3,447
19 Net assets or fund balances at beginning of year (from line 27, column (A); must agree with end-of-year figure reported on prior year's return)	19 118
20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 3,565

For Paperwork Reduction Act Notice, see the separate instructions.

Cat 13-106421

Form **990-EZ** (2011)

ENVELOPE
 POSTMARK DATE JUL 25 2013

SCANNED AUG 09 2013

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Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	118	22 3,565
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	118	25 3,565
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	118	27 3,565

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

N/A

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

Required for section 501(c)(3) and 501(c)(4) organizations and section 4947 and trusts, optional for others.

28	Grants \$	If this amount includes foreign grants check here	28a
29	Grants \$	If this amount includes foreign grants check here	29a
30	Grants \$	If this amount includes foreign grants check here	30a
31	Other program services (describe in Schedule O)		
32	Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) E-portable compensation (Forms 1-21029 MISC) (if not paid enter 0)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Tim Carpenter PO Box 150064 Grand Rapids, MI 49515-0064	Exec. Director 10 hrs	0	0	0
Cantor Boylan PO Box 150064, Grand Rapids, MI 49515-0064	Dep. Director 5 hrs.	0	0	0
Stephen Shuff PO Box 150064, Grand Rapids, MI 49515-0064	Treasurer 1 hr.	0	0	0
Kimberly Buchan PO Box 150064, Grand Rapids, MI 49515-0064	Admin. Coord. 5 hrs.	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes" provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes" attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise explain the change in Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No" provide an explanation in Schedule O		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice reporting and proxy tax requirements during the year? If "Yes" complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes" complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a 0	
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from or make any loans to any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes" complete Schedule L, Part II and enter the total amount involved	38b 0	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts included on line 9 for public use of club facilities	39b 0	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955, section 4958, and section 4959		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes" complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes" complete Form 8866-T		X
41 List the states with which a copy of this return is filed	N/A Publicly Available	
42a The organization's books are in care of	Kimberly Quinan Telephone no 466-916-5780	
Located at	PO Box 150064 Grand Rapids, MI ZIP + 4 49515-0064	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes" enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		X
If "Yes" enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43 0	
44a Did the organization maintain any donor advised funds during the year? If "Yes" Form 990 must be completed instead of Form 990-EZ	Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes" Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O		X
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage directly or indirectly in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Yes No

46 ☐ ☒

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52 and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

Yes No

47 ☐ ☐

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

48 ☐ ☐

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a ☐ ☐

b If "Yes," was the related organization a section 527 organization?

49b ☐ ☐

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form 990-2 1059-MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Type or print name and title

Kimberly M. Buchan, Administrative Coordinator

7/17/13

Paid

Preparer

Use Only

Print preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions.

☐ Yes ☐ No

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public
Inspection

Department of the Treasury,
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information
▶ Attach to Form 990 or 990-EZ

Name of the organization

Employer identification number

Line 10. Progressive Vote dba Progressive Democrats of America
PO Box 150064
Grand Rapids, MI 49505-0064
\$116,003 aggregate
This filing is for the nonfederal account of
Progressive Vote. All political activity is performed
through the organization's federal account and is
reported to the Federal Election Commission. This
nonfederal account primarily functions in order to
accept donations from organizations and individuals
who are unable to donate through the federal account.
All expenditures are monetary transfers to the
federal account to cover administrative expenses.

This form is being filed late because we were unaware
of this requirement. It was our understanding that the
only filing requirement for this account was the form 8871
+ 8872. To reinforce this understanding, we received no
counter-response to our explanation to Form 990 notices
during the first few years of this account's existence.
Now that we are aware of this requirement, we will
do everything necessary to ensure compliance.